Application Data Sheet

Application Information

Application Type::
Subject Matter::

Divisional Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)::

n/a

Number of copies of CRE:

Number of copies of CRF:: n/a

Title Line One::

Multi-Functional Orthopedic Surgical Instrument and

Title Line Two::

Method of Using Same

Attorney Docket Number::

44702-2USD1

Request for Early Publication?::

Request for Non-Publication?::

No Fig. 8

No

Suggested Dwg. Figure for Pub.:: Total Drawings Sheets::

Eleven (11)

Small Entity?::
Latin name::

Yes n/a

Variety denomination name:: Petition included?::

n/a No

Petition Type::

n/a

Licensed US Govt. Agency::

n/a

Contract or Grant Nos.::

n/a

Secrecy Order in Parent Appl.?::

No

Applicant Information

1st Applicant Authority Type::Inventor

Primary Citizenship Country::

U.S.A.

Status of Inventor::

Full capacity

Given Name::

J.

Middle Name::

Gregory

Family Name::

Kinnett M.D.

Name Suffix::
City of Residence::

New Orleans

State or Province of Residence::

Louisiana

Country of Residence:: Mailing Address::

U.S.A.

Vialing Address..

5534 St. Charles Ave.

City of mailing address::
State or Prov. of mailing address::

New Orleans Louisiana

Country of mailing address::

Postal or Zip of mailing address::

U.S.A.

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70115

Correspondence Information

Name::

Margaret A. Boulware

Street of mailing address::

Jenkens & Gilchrist, 1100 Louisiana, Ste. 1800

City of mailing address::

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State or Prov. of mailing address::

Texas

Country of mailing address::

US

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77002

Phone number::

(713) 951-3375

Fax number::

(713) 951-3314

E-Mail Address::

mboulware@jenkens.com

Representative Information

Representative Customer	24238	
Number::		_

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	is a Divisional.	09/747,047	December 21, 2000

Foreign Application Information

Country::	Application Number::	Filing Date::	Priority Claimed::
n/a			

Assignee Information

Assignee Name::

n/a

Street of mailing address::

n/a

City of mailing address::

n/a

State or Prov. of mailing address::

n/a

Country of mailing address::

n/a

Postal or Zip of mailing address::

n/a